

THE CANADIAN MEDICAL ASSOCIATION  
**JOURNAL**  
LE JOURNAL DE  
L'ASSOCIATION MÉDICALE CANADIENNE

*published weekly by*

THE CANADIAN MEDICAL ASSOCIATION

*Editor, C.M.A. Publications:*

DONALD C. GRAHAM, M.D., F.R.C.P.[C]

*Managing Editor:* T. C. ROUTLEY, M.D., F.R.C.P.[C]

*Associate Editor:* GORDON T. DICKINSON, M.D.

*Assistant to the Editor:* ROBERT L. RANDALL

*Editorial Offices:* 150 ST. GEORGE ST., TORONTO

*(Information regarding contributions and advertising will be found on the second page following the reading material.)*

METHYL SALICYLATE: A LETHAL HAZARD  
IN THE HOME

**M**ORE than twenty years ago in this Journal, Shirreff and Pearlman<sup>1</sup> of Ottawa reported two fatalities from accidental ingestion of methyl salicylate in infants under two years of age. The authors commented on the delay in instituting treatment, owing to lack of appreciation of the lethal potentialities of this drug by the laity, and also pointed out that the medical profession appeared not to realize how dangerous methyl salicylate could be in a household containing small children.

It appears necessary to emphasize once more the serious consequences which often follow the accidental ingestion of methyl salicylate (oil of wintergreen). Although fatalities due to its ingestion are reported from time to time, in adults as well as in the childhood age group, the lay public appears to be blissfully unaware of this potential hazard in the home. As indicated in the case reported in this issue by Millar and Bowman,<sup>2</sup> the medical profession is also at fault in not fully realizing the lethal potentialities of methyl salicylate. It should be pointed out that as little as 4 ml. may prove fatal to a toddler,<sup>3</sup> and there are cases of fatalities following local application of this agent.<sup>4</sup>

There seems little excuse for the presence of a bottle containing oil of wintergreen on the shelf of any home with small children. The pleasant aroma associated with this drug makes it a tempting morsel for the child who may compare it with wintergreen-flavoured candy. The quarterly report of the Alberta Poison Control Committee<sup>5</sup> records a fatality in a male infant whose 10-year-old brother flavoured the contents of the infant's feeding bottle with oil of wintergreen. Jacobziner and Raybin<sup>6</sup> report the death of a seven-month-old male infant in New York City whose two-year-old sibling gave one ounce of oil of wintergreen to the baby. Although gastric lavage was performed within 30 minutes, the infant died three hours after the in-

gestion of this deadly poison. The authors comment: "The many incidents of methyl salicylate poisoning both fatal and non-fatal reported to the Center emphasize the fact that this product has no place in the home, particularly where children are part of the household. Physicians must alert parents to the need for discarding the product from medicine cabinets."

The case reported in this issue survived only because of heroic measures taken upon admission to the hospital.

There is a clear responsibility for every doctor to make sure that oil of wintergreen forms no part of the contents of any drug cabinet or bedside table in any home in which children are present even as occasional visitors. In fact, one is tempted to go a step further and suggest the restriction of methyl salicylate to hospital and nursery home dispensaries. A drug which is no longer considered a particularly valuable therapeutic agent and which carries within it such lethal potentialities should not be available for "over the counter" sale even if it is marked "for external use only". It is probably not generally realized how much oil of wintergreen is actually sold in Canada. It is our information that in Manitoba in 1960, 125 gallons were sold by one of the main drug wholesale outlets. Although the cases of accidental poisoning with methyl salicylate is much less in number than those due to accidental ingestion of acetylsalicylic acid, the ratio of mortality to morbidity is extremely high. The mortality rate in methyl salicylate poisoning has been estimated at roughly 50 to 60% in various reviews of reported cases. In the course of giving anticipatory counselling to parents of infants and children under his care, the physician would do well to draw attention to this serious household hazard.

H.M.

REFERENCES

1. SHIRREFF, W. T. AND PEARLMAN, L. N.: *Canad. M. A. J.*, **43**: 264, 1940.
2. MILLAR, R. AND BOWMAN, J.: *Ibid.*, **84**: 956, 1961.
3. GROSS, M. AND GREENBERG, L. A.: *The salicylates: a critical bibliographic review*, Hillhouse Press, New Haven, Conn., 1948.
4. LAWSON, R. B. AND KAISER, A. D.: *Arch. Pediat.*, **54**: 509, 1937.
5. Alberta Department of Health, Provincial Poison Control Service: *Alberta M. Bull.*, **25**: 194, 1960.
6. JACOBZINER, H. AND RAYBIN, H. W.: *New York J. Med.*, **60**: 3873, 1960.

MEDICAL SERVICES IN AUSTRALIA

**T**HE interest of the Canadian Medical Association in the Australian system of medical services insurance has been active for several years and we have listened with close attention to its author and originator, Sir Earle Page. Our attention was further attracted when we read the words of Dr. John Hunter, Secretary of the Federal Council of the B.M.A. in Australia, who described it as contributing to "the Golden Age of Medicine in Australia". We were aware that Australia had achieved a nice balance between governmental and voluntary effort and responsibility in the pro-